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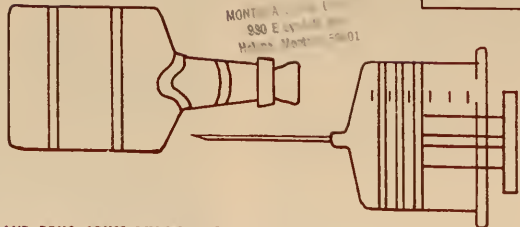
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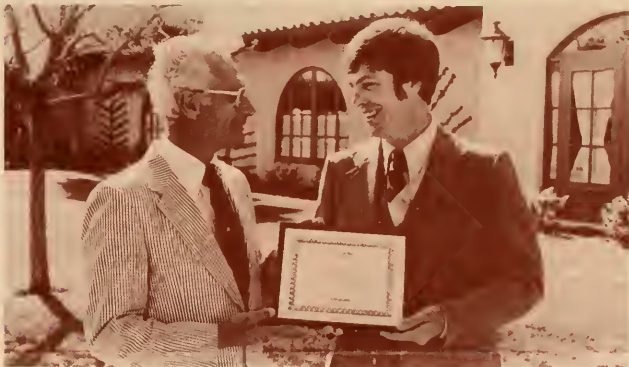
# The Habit



## MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 6, Number 5

August-September, 1980



Dr. Joseph Pursch, Comprehensive Care Corporation medical director, is shown presenting an Award of Merit to Robert Farren, Silver Bow General Hospital alcoholism program coordinator.

## T.R.E.A.D. Ready

The ADAD's Training and Resource Education on Alcohol and Drugs (T.R.E.A.D.) project will provide training for trainers of court school instructors the second week in November. Included in this session will be representatives of each region who will, in turn, be able to teach other court school instructors in their regions.

The training sessions will be conducted by the people who developed the T.R.E.A.D. project which provides for revision and standardization of the court school curriculum. They are project director Candis Compton, educational consultant Bill Elliot, and Ken Ideus of the Western Regional Support Center.

Compton has been visiting with court school instructors throughout the state asking for their input to the curriculum revisions and has been pleased with their response. The final curriculum, she says, "will include one really good item from every court school in the state."

Some of the things that came to light during Compton's visits were.

—Some schools demand family participation and some do not. There may be a need for uniformity in this area.

—Many instructors expressed a need for a structured means of getting group participation. Methods for doing that will be included in the curriculum.

Remaining to be developed for the project will be criteria for evaluation. The goal is to design some means that does not require reams of paper work.

500 copies of this public document were published at an estimated cost of \$0.4826 per copy, for a total cost of \$244.30 which includes \$207.70 for printing and \$33.60 for distribution.

## CompCare Honors Robert Farren

"More problem drinkers are being treated today, than ever before," observed noted alcoholism specialist Dr. Joseph Pursch, as he presented an Award of Merit to Silver Bow General Hospital's alcoholism program coordinator, Bob Farren. "This is all the more important realizing alcoholism is growing by approximately 250,000 annually and costing this nation in excess of \$61 billion from lost production and medical expenses among other things," Dr. Pursch added.

Citing Farren for his work in the Butte community, Dr. Pursch commended Farren saying, "through his community educational efforts, he has played a vital role in bringing more problem drinkers to treatment."

The award was made in Palm Springs, California, at a five-day conference hosted by Comprehensive Care Corporation (CompCare).

"Receiving the award was an honor," Farren said, "and the opportunity to discuss alcoholism treatment with Dr. Pursch was a very valuable experience for me."

Recently appointed CompCare's Corporate Medical Director, Dr. Pursch made the award on behalf of the company following his address to the 70 program coordinators from across the country.

Farren's community activities include speaking engagements about alcoholism before local civic organizations, schools, and professional societies, as well as public appearances on radio and television. He also provides professional assistance to Butte area business and industry regarding troubled employees.

## Certification is Here

by Robert MacConnel

Public hearings on the certification standards were held the latter part of July. As a result of the testimony presented at these hearings several important changes were made in the standards. A list of these changes as well as a complete revised set of rules has been sent to all registered applicants for certification.

Final adoption of the standards will become effective Sept. 30 and no further changes are anticipated prior to that date. If, in the future, it becomes apparent that changes should be made, these can be accomplished through an amendment process.

Please read your copy of the revised standards thoroughly as it contains all of the information you will need to complete and submit your forms, which must be done before you can be awarded points toward certification.

Bluntly stated, certification is now a reality. Becoming certified is a responsibility we all share.

If you have any questions call the certification section 449-2827.

## MCA Sells Impact

The Montana Council on Alcoholism (MCA) has entered the employee assistance field with a program they are calling Impact. It is designed to provide "employee assistance consortia" for small businesses which cannot profitably provide "in-house" programs.

The consortia will be organized in individual communities and will provide all member businesses with a central facility which will provide diagnosis, referral, follow-up, statistical data, and complete financial data to each member company. The MCA will offer education for supervisors as well as consultation and continuing assistance in the implementation of the program, but each consortium will be controlled by a board of directors from the member companies.

At this time the MCA is contracting with local alcoholism programs who will be the service providers for consortiums that are established. Membership fees will not cover employee treatment at other facilities to which referral may be made.

The Impact program uses what Robert Oaks, MCA executive director, calls a "broad brush" approach to dealing with employee problems. Marital, financial, or emotional problems, as well as alcoholism or drug abuse may be interfering with an employee's job performance. However alcohol programs are regarded as appropriate central facilities because experience has shown that as high as 75 percent of referrals to employee assistance programs involve alcoholism.

Seminars and kick-off breakfasts for the Impact program were held around the state during late Sept. and early Oct.

# NIAAA Announces Help for Disabled

John R. DeLuca, Director, NIAAA, has announced implementation of a new initiative to develop treatment services for alcoholic persons with additional physical and/or mental disabilities. The initiative has six points. They are:

- a targeted grants program that will fund both regular services and demonstration and evaluation projects on a time-limited basis;
- evaluation of the progress made by project grantees on implementation of Section 504 of the Rehabilitation Act of 1973, which requires that all human services be accessible to the disabled;
- a special issue of "Alcohol Health and Research World," the quarterly magazine of NIAAA, to be devoted to the needs of alcoholic persons with additional disabilities;
- making available published materials and papers on social policy and community services in this area;
- development of linkages with a variety of national organizations and individuals in the alcoholism and rehabilitation fields;
- incorporating new areas for action when they are identified.

—condensed from NIAAA Information and Feature Service

## Kalispell Drug Program Opens

Drug treatment services for Kalispell and the surrounding area are being provided by a new outpatient drug treatment center located in the Flathead Valley Chemical Dependency Services.

Drug counselor/director for the new program is Nancy Drenwink, R.N. who arrived from Chicago to assume the position in August of this year.

Drenwink has been working in detoxification programs and numerous other chemical dependency and social service programs in the Chicago area for over ten years.

The ADAD has contracted with the new program for 22 outpatient slots.

The program's phone number is 755-6453 and calls are welcome.

## Canterbury Will Travel

Since assuming the ADAD prevention coordinator position 18 months ago, C.T. "Chick" Canterbury has devoted most of his time to writing a prevention plan, developing prevention grant guidelines, and promoting the "Montana Teacher's Guide for Alcohol Education." These tasks have kept him behind his desk in Helena, but this fall he is looking forward to visiting substance abuse programs throughout the state.

Canterbury is anxious to talk with program staff, boards of directors, community organizations, and other interested citizens about prevention-related topics such as prevention strategies, the school alcohol curriculum, community organization techniques and state prevention activities. He is also available to provide technical assistance to programs in these areas.

In addition, Canterbury wants to know how he can assist local communities and programs in their prevention and education efforts.

If you are interested in using Canterbury for technical assistance or for a speaking engagement please contact him at 449-2827.

People's views on marijuana are bound up in the way they feel about permissiveness, political radicalism and the role of pleasure—when and how it's okay to feel good. These views change as people grow older. It could be that today's young people will become more like their parents as they grow older and become a majority, in which case we might not see legal marijuana for a long time, if ever.

—from Troy Duster U.C./Berkeley

## Introducing — Deborah Hargraves



Deborah Hargraves

Deborah "Deb" Hargraves has joined the ADAD as statistical clerk. Her primary job is editing computer forms for the Alcohol Information system.

Besides keeping the statistics current Hargraves has provided the staff with a geography lesson. The lesson is that there really is a Yonkers. It is not part of New York City, it is on the Hudson River, it is next to the Bronx and it is Hargrave's home town.

Hargraves left the New York area to come to Montana five years ago because, she says, "I had to get away from the city." While here she has enjoyed the country activities of camping and hiking.

She has worked for the First National Bank of Helena and for the Community Corrections Bureau of the Department of Institutions.

## Clinics Exceed Matrix

D.H. "Skip" Wilcox, Montana Drug Program supervisor, has extended congratulations to program clinics for having averaged 109 per cent of the outpatient drug client matrix from January through August 1980.

Other drug program activity includes the establishment of follow-up and discharge procedures for all clinics. Data gathered through the new procedure will allow clinics to identify clients' maintenance after discharge of gains that were made during treatment.

The information can be used in the analysis of treatment processes and can support treatment activities as well as identify less successful areas. An additional use will be to provide information to communities served by the drug clinics.

## Manual Distributed

The ADAD's Dick Rice and "Skip" Wilcox have written and distributed to Montana drug treatment programs a manual called "Montana Clinical Record System for Drug Treatment."

The manual will also be made available to any new drug treatment program and, if followed step by step, should simplify and clarify the task of establishing an effective client record-keeping system.

Included in the new manual are:

- an introduction to a problem-oriented client record system which suggests that "the client record system . . . not be viewed as merely another data collection effort but, rather, as a tool to foster and maximize positive change in client behavior, attitude and lifestyle;
- a treatment flow chart and data gathering schedule;
- nine client record forms;
- a brief review of Client Oriented Data Acquisition Process (CODAP);
- suggestions for implementing and maintaining the client record system.

Every family must assume that their youngster is using marijuana or dealing drugs, until proven otherwise."

—Menninger Foundation

## Tired of Writing Columns? Let ADAMHA Do It

The following column is an example of a series of ADAMHA "Understanding" columns that are available for reproduction in community newspapers. The repro copies are a service of the ADAMHA Office of Public Affairs and are available to programs who would like to provide them to their local newspaper.

A new series is mailed every two months and includes headlines as shown below for either one- or two-column formats.

The second line in the headline is ALCOHOLISM, or DRUG ABUSE, or MENTAL HEALTH, depending on which topic is covered in the column.

Any program or newspaper interested in the service can write: Understanding columns, 6 C 15, Office of Public Affairs, ADAMHA, 5600 Fishers Lane, Rockville, MD. 20857.

## UNDERSTANDING

### DRUG ABUSE

a health column from the  
Alcohol, Drug Abuse, and Mental Health Administration  
U.S. Department of Health, Education, and Welfare

## How Do People Feel When They Smoke Marijuana?

Feelings of euphoria and relaxation are commonly reported as the result of smoking moderate amounts of marijuana. Physically, users experience an increase in heart and pulse rate, a reddening of the eyes, a dryness in the mouth and throat, a mild decrease in body temperature, and, on occasion, sudden appetite. High doses may result in image distortions and hallucinations.

Many users claim that marijuana enhances their hearing, vision, and skin sensitivity, but these reports have not been confirmed by researchers. Studies of marijuana's mental effects have shown that the drug temporarily impairs short-term memory, alters the sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination.

The most common adverse reaction to marijuana is a state of anxiety, sometimes accompanied by paranoid thoughts; these can range from general suspicion to a fear of losing control and going crazy. Acute anxiety reactions are usually experienced by novice users, and the drug's effects wear off. While anxiety reaction can usually be quieted by simple reassurance, some marijuana users may need professional help. Over 11,000 emergency room visits relating to marijuana use were reported in 1979.

If you suspect that a teen-ager is contemplating suicide ask the adolescent directly about suicidal thoughts. Inquiring about suicide does not cause suicide. On the contrary, the young person may be relieved that someone has heard the cry for help.

—from Pediatrics



THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

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Comments and suggestions from readers are invited: call (406) 449-2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.

## TRAINING SCHEDULE

Dates	Course Title	Location
November '80	Counseling the Alcoholic Client	Galen and Billings
December '80	Counseling the Alcoholic Client	Galen
January '81	Reality Therapy	Galen and Billings
February '81	Reality Therapy	Galen
March '81	Family Therapy	Galen
April '81	Family Therapy	Galen
May '81	Family Therapy	Billings

## Training Schedule Set

by Terry Stancliff

As most of you are aware the ADAD has not been sponsoring training events for the past nine months. During this period of time we have been operating a training research project in the Havre/Great Falls area. As a result of this research we have modified our training concepts and this year's offerings will reflect those changes.

For instance, when we begin training in November, the courses will be shorter in length, but require greater commitment from programs who sponsor a person for training.

For example, at the Galen site, in November, two days of training will be held on "Counseling the Alcoholic Client." However, this does not meet or fulfill the course requirements. The trainee must return in December and complete his/her training for an additional two days. At that point the training is completed and the next cycle can begin.

In order to help reduce program costs for this venture, we have made arrangements with the Galen State Hospital administration for trainees to room and board at the hospital. This should significantly reduce your costs to allow for the expenditure of money for travel.

The Billings site will have offerings given as per the former training format with all training being done in one 3 1/2 day process. However, we are offering fewer courses at the Billings site.

If this causes you confusion, or if you have questions, please call Terry Stancliff at 449-2827. You will also be receiving more information on this during the month of October.

## Miami Institute Planned

The Second Annual Training Institute on Addictions sponsored by the Institute for Integral Development, Inc. and the U.S. Journal of Drug & Alcohol Dependence, Inc. will be held in Miami Beach December 7-12. In addition to a general program in treatment, prevention, and education issues, intensive training will be offered in the following areas: Family Therapy, Reality Therapy, Rational Emotive Therapy and Neuro-Linguistic Programming.

Tuition for the Institute is \$175. For registration information contact the Training Institute on Addictions, c/o Dan Barmettler, Institute for Integral Development, P.O. Box 2172, Colorado Springs, CO 80901.

## New Alcohol Program Directors

Four Montana alcohol programs changed directors during the summer. The new directors are: Howard Boxmeyer, Tri-county Alcohol Services; David Hutchinson, Providence Alcoholism Center; Robert H. Brown, Sr., Wheatland Family Services; and Charlotte Coppinger, Musselshell County Foundation.

The government are very keen on amassing statistics. They collect them, add them, raise them to the nth power, take the cube root and prepare wonderful diagrams. But you must never forget that every one of these figures comes in the first instance from the village watchman, who just puts down what he damn pleases.

—Sir Josiah Stamp, Inland Revenue Department (England) 1869-1919

## Clonidine Promises Painless Withdrawal

Clonidine, a multi-million-dollar-a-year drug now marketed to treat high blood pressure, is emerging from two years of study as the first commercially available non-opiate substance known to suppress narcotic addiction withdrawal symptoms.

The drug will be put to a year-long, double-blind clinical study in four cities this fall by its manufacturer so that it can gain Food and Drug Administration approval for use in outpatient detoxification from heroin or methadone.

Complementing clonidine's potential in drug abuse treatment is its broad research promise. Its non-opiate action in suppressing symptoms of narcotic withdrawal is illuminating some of the cerebral causes of this abstinence syndrome. It also is providing clues about chemical mechanisms of specific withdrawal symptoms—including panic and anxiety states and depression—which are found in non-addicted mentally disturbed persons.

—ADAMHA News

## SHCC Approves Plan

The Statewide Health Coordinating Council (SHCC) approved the FY 1981 Montana State Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation in a hearing Sept. 18.

SHCC approval is one of the steps in final approval of the plan. The next step will be a NIDA review Oct. 6. NIAAA has already accepted the plan.

## County Plan Guidelines Mailed

County Plan guidelines for FY 82 were mailed to all county commissions Sept. 9. Plans must be completed and returned to the ADAD no later than 5 p.m., Dec. 31, 1980 in order for counties to be eligible for liquor tax monies.

Copies of the guidelines or assistance in preparation of plans can be obtained from Joan Rutledge, ADAD planner.

## Drug/Alcohol Money Bill Passes House

The House of Representatives on August 27th passed and sent to the Senate a FY 1981 appropriations bill for the Departments of Labor, Education, and Health and Human Services that continues alcohol and drug abuse formula grants at a reduced level, reduces alcohol project grants and contracts, and cuts back training funds for both NIAAA and NIDA. The House bill appropriates a total of \$84.5 billion for the three departments and related agencies, second only to the Defense appropriations bill among the thirteen bills providing funds for the Federal government.

The full House followed the recommendations of its Appropriations Committee and the Labor, Education and HHS Subcommittee in approving funding levels for the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), one of six components of a \$6.7 billion Public Health Service appropriation.

Perhaps giving an indication of future appropriations, the committee report rejected the President's proposal to abolish the NIDA formula grant program, stating, "While the Committee concurs in a policy which requires the States to pick up a larger share of the cost of supporting State-run drug abuse programs, it could not accept the total elimination of these grants on such short notice. This would have irreversibly reduced drug abuse treatment capacity at a time when such capacity is already overloaded." The committee also refused to eliminate NIAAA formula grants "on such short notice as proposed in the March revision of the budget. This would have done irreparable damage to a program of absolutely essential services."

While continuing the formula grant funds, the vast majority of which are spent by the States for treatment and preparation services, the House committee declined to increase NIAAA's Project Grants and Contracts line to get the "alcohol initiatives" programs started. The administration had proposed an increase of almost \$30 million to support new grants and contracts for occupational programs, prevention programs, and programs for women, youth, Indians, and other underserved populations. The committee report failed to take note of these intended initiatives, describing the request as "a partially compensating increase in treatment programs funded directly by NIAAA" offsetting the proposed formula grant cuts. In addition to refusing the proposed increase, the House bill cut the grants and contracts item \$5.7 million below the FY 1980 level.

—NASADAD Alcohol and Drug Abuse Report

## ALCOHOL AND DRUG ABUSE APPROPRIATIONS

(Dollars in millions)

NIAAA	FY 81 Budget Request	FY 81 House Bill
Research	25.1	22.3
Training	5.8	5.8
Project Grants and Contracts	108.3	73.0
Formula Grants	---	50.0
Program Support	10.8	10.2
Subtotal, alcoholism	150.0	161.3
NIDA		
Research	50.2	46.0
Training	7.6	7.6
Project Grants and Contracts	161.0	161.0
Formula Grants	---	30.0
Program Support	19.4	19.4
Subtotal, drug abuse	238.2	264.0
Total, alcoholism and drug abuse	388.2	452.3

—NASADAD News Update



Montana Women Like WFS

Montana women responded with enthusiasm to a meeting Aug 6 in Great Falls with Jean Kirkpatrick, Ph.D., founder of Women for Sobriety (WFS). Only a few women attended, according to the ADAD's Candis Compton, but those who were there were impressed by Kirkpatrick and excited about WFS, a self-help program like Alcoholics Anonymous (AA) that can be used alone or with AA. It is geared toward helping women alcoholics develop a sense of self-esteem and positive attitudes in everyday life.

Kirkpatrick, a recovering alcoholic and author of "Turnabout: HELP FOR A NEW LIFE," developed the WFS program because "women alcoholics needed something more, something special, because alcoholic women feel that they have failed . . . as wives, as mothers, as daughters, as women. Women carry great burdens of guilt from the feeling of this failure which society . . . continually reinforces."

Women attending the Great Falls meeting agreed with that assessment. For example, Jean Erickson, a Missoula Alcohol Services counselor said, "I spend 99 per cent of my counseling time establishing a sense of self-worth in my clients." She is excited about the program and has started a group in Missoula. It is not affiliated with the Alcohol Services at this time but may be in the future. "We're trying it out," Erickson says, "to see how it fits for us."

The Boyd Andrew Service Center (BASC) in Helena is donating space in the BASC women's house for meetings of a WFS group that was started by a volunteer. "We are cooperating but not affiliated," Jo Kaste, BASC director says.

However, the WFS group has been adopted as part of the treatment plan for residents of the BASC women's house. They will be required to attend one WFS group and one AA group. The two groups are expected to complement rather than replace each other.

WFS groups do not need to be affiliated with a treatment center, but they do require that the moderator have two years sobriety. Guidelines for starting a group as well as literature, cassettes and subscriptions to the WFS newsletter, *Sobering Thoughts*, are available from Women for Sobriety, Inc., P.O. Box 618, Quakertown, PA 18951.

People requesting information can also be put in touch with other interested people in their areas.

Some information about WFS is available from Candis Compton, ADAD.

In the future, *The Habit*, will do an update of WFS in Montana. We would like to hear from any readers who are associated with WFS groups

How to Advertise — Free

A method for picking up free advertising time was described in *Network*, a National Highway Traffic Safety Administration publication. The plan, which some Montana programs may find useful, works like this:

—A radio station might trade air time with a bus company for bus display space. At times one party in the exchange may be unable to totally use the service bargained for. As a result the vacant time or space may be donated to non-profit organizations. By donating the left-over radio time, the bus company would avoid paying taxes on that "income" and would also gain a public service credit. In turn the non-profit organization would be able to serve the public free of charge.

The Washington State Patrol has used the idea to obtain free exposure for its "Drunk Drivers Hurt People" campaign.

William Hall, Region X Administrator, who circulated the idea in a memo suggested contacting advertising agencies with clients that barter time for space. "By becoming better acquainted with the ad agencies you do business with, you may become beneficiary of some free exposure," he explained.

Contract Game Helps Family Therapy

The games people play have become a type of problem-solving therapy used to help families negotiate problems with written contracts and agreements.

Designed by Dr. Elaine Blechman, under an NIMH grant, the family contract games are a step-by-step solution to behavioral complaints among family members.

Blechman, director of the Family Interaction Laboratory at Wesleyan University, Middletown, Conn., had previously conducted research designed to train single-parent families to solve problems. When combined with the contract game, these skills proved effective in solving behavioral problems between parents and children, she said.

The game board Blechman uses groups four basic components of problem-solving: Problem Choice, in which players select a target behavior to negotiate; Please Description, in which they agree on a more pleasing behavior to replace the problem one; The Reward, in which they decide on an event, activity, or commodity which will be the reward; and Contract Settlement, in which a specific contract is agreed upon.

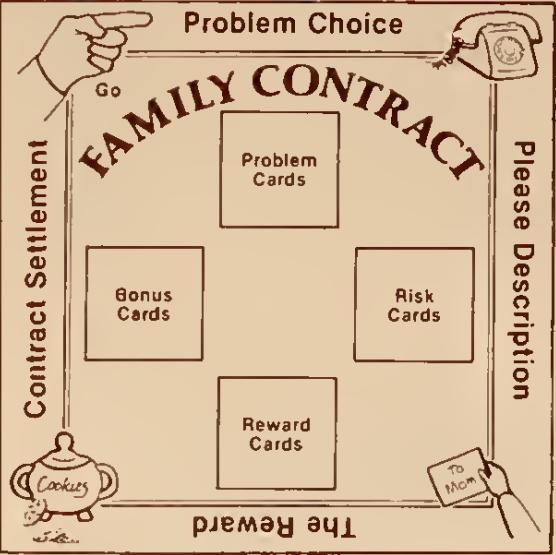
Cards placed in the center of the board represent the problem to be solved, the "please" or new behavior, and bonuses and risks the players will encounter while negotiating the new behavior. If the Problem card reads, "you talk to me while I'm on the phone," the Please card might read, "write me a letter and deliver it when I get off the phone."

The players may draw a bonus card and proceed to the next unit only if they agree on the previous unit. When they disagree, the board instructs them to repeat the unit, pay a fine, and draw a risk card. This method reinforces cooperative problem-solving, helps the players express their requests constructively, and keeps the attention of young players.

As the players move around the board, they may accept or reject one another's proposals for solutions, gaining mutual rewards or penalties for doing so. Players may not discuss or justify their decisions, since doing so diverts attention from the task. Further, to keep attention on the task, there is a 15-minute time limit to getting around the board and negotiating the contract.

Once the players have agreed upon a "please" solution and its reward, they sign a behavior agreement contract and track its pattern for one week. Players then report their successes or failures to the therapist and decide if they have to return to the board to negotiate a new contract.

Measurement of contract proceedings is a key to the success of this therapy and one which distinguishes it from other therapies, according to Blechman. Measurement is not only a recording tool for the therapist to promote change; it can itself be an instrument of change as it



becomes part of a feedback loop of information for the client.

As families become experienced in the skills of problem-solving, they become less dependent on the therapist and more involved in their use of the contract game as their needs arise. Experienced players find that problem-solving and arranging mutually satisfying behavior becomes intrinsically rewarding.

Blechman's studies revealed that contract games heighten the commitment of family members to change. All family members participating in her project, particularly children, found it rewarding to become part of the problem-solving process, she said. This type of therapy was found effective also among low-income, single-parent families in conflict, a group for whom many therapies have been less effective.

Blechman believes that the uses of contract games for training in problem-solving have yet to be fully exploited. She suggests that with some modest amount of training, teachers, social workers and school counselors could play it with students and clients. Contract games also could be useful to the court system with offenders who may be less dangerously criminal than they are overwhelmed by problems they are unequipped to resolve by themselves, she stated.

Blechman's research is reported in *Families Today*, a recently issued NIMH publication. —Joyce Swearingen, ADAMHA News

NDATUS Complete

The National Drug and Alcoholism Treatment Utilization Survey (NDATUS) 1979 Executive Report is available at this time. The NDATUS obtained information from 93.4 percent of known alcoholism treatment units in the nation. Its findings pertain to treatment capacities, funding sources, staffing patterns, and utilization of alcoholism treatment units.

The chart below shows budgeted capacity, utilization, and funding information for each state.

BUDGETED CAPACITY, UTILIZATION RATE, AND TOTAL FUNDING IN ALCOHOLISM TREATMENT UNITS BY STATE							
STATE	BUDGETED CAPACITY	UTILIZATION RATE	TOTAL FUNDING DOLLARS (IN THOUSANDS)	STATE	BUDGETED CAPACITY	UTILIZATION RATE	TOTAL FUNDING DOLLARS (IN THOUSANDS)
Alabama	3,632	68.7	7,658	Nevada	505	72.2	1,101
Alaska	1,723	84.7	5,345	New Hampshire	1,289	146.7	5,562
Arizona	6,152	79.8	15,453	New Jersey	4,089	82.2	16,452
Arkansas	4,974	73.1	5,004	New Mexico	2,313	100.9	6,947
California	58,900	79.1	120,176	New York	27,951	87.4	80,002
Colorado	7,002	92.4	15,439	North Carolina	14,661	74.3	22,208
Connecticut	4,289	86.8	12,694	North Dakota	1,721	85.0	4,843
Delaware	474	117.2	1,070	Ohio	10,099	74.5	21,335
District of Columbia	2,699	85.8	5,060	Oklahoma	4,092	82.2	4,763
Florida	12,944	74.0	26,718	Oregon	5,425	91.9	14,788
Georgia	8,487	91.4	11,857	Pennsylvania	10,854	86.7	30,707
Hawaii	461	76.5	2,718	Rhode Island	1,416	102.5	4,864
Idaho	1,897	81.0	3,198	South Carolina	6,193	96.1	8,109
Illinois	10,717	71.1	36,720	South Dakota	984	78.9	3,021
Indiana	5,270	83.8	12,751	Tennessee	4,896	82.0	7,607
Iowa	3,426	80.7	9,035	Texas	13,969	76.6	23,543
Kansas	2,767	83.9	10,814	Utah	2,406	100.0	5,245
Kentucky	4,901	77.9	8,252	Vermont	1,695	126.0	1,697
Louisiana	9,312	70.6	8,882	Virginia	6,997	97.5	17,653
Maine	1,610	92.3	5,120	Washington	9,444	75.2	12,868
Maryland	6,114	97.5	10,091	West Virginia	1,622	78.1	3,147
Massachusetts	12,164	84.5	26,410	Wisconsin	8,804	90.5	32,413
Michigan	16,413	77.9	30,628	Wyoming	1,291	77.8	4,104
Minnesota	5,572	79.7	38,935	American Samoa	22	9.0	9
Mississippi	1,994	86.0	3,672	Guam	20	15.0	24
Missouri	6,760	71.6	10,586	Puerto Rico	8,176	74.5	3,800
Montana	1,726	96.2	5,433	Trust Ter/Pacific Is	31	100.0	26
Nebraska	3,465	78.0	8,586				
TOTALS					356,909	82.0	795,183